

Emergency Planning for You and Your Family

For More Information contact:

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County Emergency Management

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Be Prepared

Preparedness is everyone's job. Every individual or family should have a plan for how they will respond to emergencies, just as government agencies, business, schools, and other service groups have been working on their emergency plans. Each person must be ready to act on their own. One of the keys for the safety of your family is to be prepared for the first 24 to 72 hours of an emergency. Start today to prepare for an emergency.



Make an Emergency Plan:

Plan in advance what you will do in an emergency.

- Discuss with your family the types of emergencies that may occur: Examples: Fires / Tornadoes / Thunderstorms / Snow or Ice storms. Plan what to do in each case.
- Identify places for your family to meet: 1. One in the home 2. one outside the home for things like fire 3. One place outside of the neighborhood if you must evacuate the area.
- Find out your employer, school, and day care provider's emergency procedures.
- Ask a relative or friend who lives out of the area to be your family's contact person. In an emergency, all family members should contact this person and tell them where they are.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Have a list of current family health information: allergies, medications, children's weights, ages/birthdates.

Create an Emergency Go-Kit:



- Store the emergency kit in a backpack or sturdy bag that you can grab if you need to leave your home in an emergency
- Keep a checklist in your emergency kit and check it every six months and replace water and food (ready-to-eat canned meats, fruits, soups, vegetables, dry cereal, peanut butter, nuts, juices, crackers, baby food and formula)

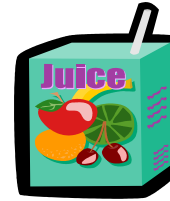
General Emergency Supplies:

- Three day supply of food and water (1 gallon/of water/day/person for drinking and sanitation)
- NOAA Weather Radio/ battery powered radio
- Change of clothing
- First Aid kit
- Extra batteries
- Blankets or sleeping bag
- Personal identification and contact information
- Extra medications, extra pair of glasses
- Candles, matches
- Special items for infants, elderly or disabled family members
- Important family information, including medical information, Social Security number, Health Insurance Card, ID cards and photos of family
- Paper and pencils
- Disinfectant hand solution
- Tools, can opener, and work gloves
- Extra set of car keys
- Family communication plan
- Cash or credit cards—
- Personal care items
- Garbage and plastic bags and ties
- Games, books, cards
- Whistle

Homemade Electrolyte Solution

Source: American Red Cross

For preventing dehydration for symptoms of fever, vomiting and diarrhea.



- 1 quart water
- 1/2 teaspoon baking soda
- 1/2 teaspoon salt
- 3-4 tablespoons sugar
- 1/4 teaspoon salt substitute

Mix well and flavor with juice or sugar free Kool-Aid

Don't give up: keep pushing fluid if only a teaspoon at a time

Call healthcare professional for fever if the person's temperature is:

- ◆ 105 degrees for an adult or older child
- ◆ 103 degrees in children 3 to 24 months
- ◆ 100.4 degrees in infants less than 3 months



Disinfectant Cleaning Solution

Source: American Red Cross

- 1 gallon water
- 1/4 cup bleach

Mix it up fresh every time you use it.

Do not drink this.



Home Health Care in an Emergency:

During a large scale disease outbreak, our hospitals and clinics will be overwhelmed so you will be asked to care for family and friends at home. Be sure to have basic caregiver supplies and a first aid kit available.

Caregiver Supplies:

- Thermometer
- Soap
- Box of Disposable gloves
- Acetaminophen
- Ibuprophen
- Bleach
- Alcohol-based hand sanitizer
- Paper towels
- Tissues
- Surgical masks (one for each person)
- Sugar, baking soda, salt, salt substitute



First Aid Kit:

- First Aid manual
- Adhesive bandages, various sizes
- Large sterile dressing
- Sterile gauze pads, roller gauze
- Triangular bandage
- Disposable gloves
- Surgical Masks
- Cold pack
- Adhesive tape
- Antiseptic towelettes
- Antiseptic ointment
- CPR breathing barrier
- Scissors
- Tweezers
- Thermal emergency blanket

To limit the spread of germs and prevent infection:

- Teach your family to wash hands frequently with soap and water.
- Teach your family to cover coughs and sneezes with tissues.
- Stay away from others as much as possible if you are sick. Stay home from work and school if sick.

Note: Model these behaviors for your family

Be Informed About What to Do in an Emergency:

- Listen to the local radio and television for current information and instructions.
- Cellphones and I pads may not work in the affected area.

Visit the following Websites:

Kandiyohi County Health & Human Services:

http://www.co.kandiyohi.mn.us/departments/public_health

U.S. Dept of Homeland Security: www.ready.gov

The Center for Disease Control and Prevention (CDC):

<http://emergency.cdc.gov>

Minnesota Department of Health:

<http://www.health.state.mn.us/macros/topics/emergency.html>

ECHO-Emergency and Community Health Outreach (multilingual):

www.echominnesota.org

FEMA: www.fema.gov

American Red Cross: <http://www.redcross.org/prepare>

If you are prepared then be a VOLUNTEER

Register to be a volunteer at MN Responds:

www.mnresponds.org



Family Information

Complete and store with your Emergency Go-Kit

Home address _____

Home Phone _____ Cell Phone: _____

Adult #1 Name _____

Employer _____ Work phone _____

Adult #2 Name _____

Employer _____ Work phone _____

Child #1 Name _____ Birth date _____

School and/or day care _____

Phone _____

Child #2 Name _____ Birth date _____

School and/or day care _____

Phone _____

Child #3 Name _____ Birth date _____

School and/or day care _____

Phone _____

Child #4 Name _____ Birth date _____

School and/or day care _____

Phone _____

Your Emergency Contact Information

Keep a copy in your wallet and Emergency Go-Kit

1st Person to contact _____ Relationship _____

Phone _____

Out-of-town Contact _____ Relationship _____

Phone _____

Neighbors: Name _____ Phone _____

Where to meet:

In house _____

Outside of home: _____

Outside of community _____

Medical Information

Name: _____ DOB: _____

Allergies:

Medical Conditions:

Current Medications:

Weight if child under 12 yrs:

Name: _____ DOB: _____

Allergies:

Medical Conditions:

Current Medications:

Weight if child under 12 yrs:

Name: _____ DOB: _____

Allergies:

Medical Conditions:

Current Medications:

Weight if child under 12 yrs:

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